

Title Form 1

All applications must be filled out by applicant

PLANS AND SPECIFICATIONS
and other data must also be filed

1

BOARD OF PUBLIC WORKS

DEPARTMENT OF BUILDINGS

Application for the Erection of Buildings
CLASS "A"—~~"B"~~—~~"C"~~ *Reinforced Concrete*

To the Board of Public Works of the City of Los Angeles:

Application is hereby made to the Board of Public Works of the City of Los Angeles, through the office of the Chief Inspector of Buildings, for a building permit in accordance with the description and for the purpose hereinafter set forth. This application is made subject to the following conditions, which are hereby agreed to by the undersigned applicant and which shall be deemed conditions entering into the exercise of the permit:

First: That the permit does not grant any right or privilege to erect any building or other structure therein described, or any portion thereof, upon any street, alley, or other public place or portion thereof.

Second: That the permit does not grant any right or privilege to use any building or other structure therein described, or any portion thereof, for any purpose that it may hereafter be prohibited by ordinance of the City of Los Angeles.

Third: That the granting of the permit does not affect or prejudice any claim of title to, or right of possession in, the property described in such permit.

TAKE TO
ROOM No. 6
FIRST
FLOOR
CITY CLERK
PLEASE
VERIFY

Lot No. 1 Block 3431
Description of Property Track 3431
District No. 32 1/2 M. B. Page F. B. Page

O. K. City Clerk

Deputy

TAKE TO
ROOM No. 405
SOUTH
ANNEXENGINEER
PLEASE
VERIFY

No. 6362-6364 Street Hollywood Blvd
(Location of Job)

O. K. City Engineer

By Deputy

USE INK OR INDELIBLE PENCIL

- Purpose of Building Office and Store No. of Rooms 71 No. of families
- Owner's name Palmer Bldg Corp Phone Holly 15
- Owner's address 6426 Hollywood Blvd
- Architect's name E. J. Flaherty Phone 4281
- Contractor's name E. L. Peck Phone Main 4057
- Contractor's address 221 N. W. Hillman Bldg.
- TOTAL VALUATION OF BUILDING (Including Plumbing, Gas Fitting, Sewers, Coops, Elevators, Painting, Finishing, etc.) \$ 180,000.00
- Any other buildings on lot at present? No How used?
- Size of proposed building 50' x 150' Size of lot 50' x 150' feet
- Number of stories in height Three Height to highest point 72' 0"
- Material of foundation Concrete Character of soil Hard Clay
- Size of footings See Eng. Plans Depth below surface of ground See Eng. Plans
- Number of chimneys see Plans Material of chimneys
- Number of inlets to each flue " Interior size of such flues x " x "
- Material of exterior walls "
- Material of interior construction " Foundation 10336
- Material of floors Concrete
- Material of roof Concrete
- Are there any other buildings within 30 feet of the proposed structure?

I have carefully examined and read the above application and know the same is true and correct, and hereby certify and agree that if a permit is issued that all of the provisions of the Building Ordinances will be complied with, whether herein specified or not; also certify that the plans and specifications herewith filed conform to all of the provisions of the Building Ordinances and State Laws.

84-442 11-12/12 (Sign here) Edward J. Flaherty
(Owner or Authorized Agent.)

FOR DEPARTMENT USE ONLY

PERMIT NO. <u>19663</u>	Plans and specifications checked and found to conform to Ordinances, State Laws, etc. <u>BN</u> Plan Examiner.	Application checked and found O. K. <u>AUG 18 1921</u> Clerk.	Stamp: <u>10336-27</u> <u>AUG 18 1921</u> <u>10336-27</u>
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Foundation 10336-27 X Coombes
Coombes

REMARKS

96801



City of Los Angeles
Department of Building and Safety

**"NORTHRIDGE EARTHQUAKE" FILE
(EQ1-94)**

ADDRESS: **6362 - 6366 HOLLYWOOD BL**

RECORD NO.: **9385** *POSTING: **YELLOW**

The document(s) contained in this file are related to the inspection(s) and/or permits issued for buildings surveyed and/or damaged from the January 17, 1994 earthquake or related aftershocks. Many of the damage estimates were made under emergency conditions and should not be used to make bids for repair, demolition, or rebuilding. These records were created for use by the Department of Building and Safety only. The City of Los Angeles and the Department of Building and Safety are not responsible for any use of this data. Check the retrieval index for all available earthquake documents as other documents may have become available for viewing after this file was prepared for viewing (filmed and scanned).

"RECORD NO." refers to a unique computer-generated number assigned by the Damage Assessment database to uniquely identify a structure or, in cases of a vacant lot, the site. Each separate building was assigned a unique Record No. For example, a site with a dwelling and detached garage was assigned two Record Nos. (one for the dwelling and one for the garage).

"POSTING" is based on the last inspection report in the earthquake files at the time it was prepared for viewing. It refers to the type of placard affixed to the structure (or site when the lot is vacant) by a Building and Safety Inspector during an inspection for earthquake damage or repair. The official placards are commonly referred to by their color as follows: "RED" is unsafe to occupy; "YELLOW" is limited entry; and "GREEN" is safe to occupy. Other designations were used in the Posting field, but are not postings. They are "CERT" and "PERMIT" and are described as follows:

"CERT" refers to cases where a Certified License Contractor repaired either an earthquake damaged roof, garden wall or chimney (chimney only until 12/94), and certified that the work was completed via a Certificate of Completion. No posting is available as a Building and Safety Inspector did not make an inspection for earthquake damage or repair. WHEN THE POSTING IS "CERT", IT IS EXPECTED THAT ONLY A CERTIFICATE OF COMPLETION WILL FOLLOW THE COVER SHEET.

"PERMIT" is used when no inspection was made by Building and Safety for earthquake damage prior to issuing a permit to repair damage and our records do not indicate that the work was completed for all outstanding earthquake repair permits for this structure at the time the file was prepared for viewing. WHEN THE POSTING IS "PERMIT", IT IS EXPECTED THAT NO DOCUMENTS, EXCEPT POSSIBLY A COPY OF THE PERMIT WITH HAND-WRITTEN ADDRESS CORRECTIONS, WILL FOLLOW THE COVER SHEET.

1ST REINSPECTION *Entered 8/31/94* **9385**

1. START TIME 12:30 **THOMAS BROS. REF** **CITY OF LOS ANGELES** **DISASTER I.D.** EQ-94 **RECORD NUMBER** 9385 *126*

DEPARTMENT OF BUILDING AND SAFETY
DISASTER RE-INSPECTION FORM
 (COMPLETE ONLY ONE FORM PER BUILDING)

DO NOT WRITE BETWEEN THESE LINES **OPS 9385 WAS CONSOLIDATED W/ OPS 1125** **UNDELETE OPS 9385** *10/4 PXP*

2. SITE ADDRESS 6362 HOLLYWOOD BL. **3. ADDRESS CORRECTION REQUIRED** *PL 5/6 B*

4. CORRECTED ADDRESS 6362 *6384* **5. ADDRESS COMMENTS** 6362-66 HOLLYWOOD BL. AKA 1650 COSMO ST.

6. OWNER DOING BUSINESS AS BLUM, JOSEPH A. *Hand Keyed NP 5/6/94*

7. INITIAL INSPECTION COMMENTS ROOF HOUSE HAS COLLAPSED ONTO ADJACENT BUILDING REMAINING STRUCTURE IS OUT OF PLANE

8. TYPE OF CONSTR. SB547 **9. NO. OF STORIES** 4 **10. OVERALL BUILDING DIMENSIONS** WIDTH 300' X LENGTH 80' **11. TOTAL DWLG. UNITS** 0 **12. BUILDING USE** COM'L **13. BASEMENT** UNK **14. COUNCIL DISTRICT** 13

15. PRIMARY OCCUPANCY (Select one only)
 (13) OFFICE
 SINGLE FAM. DWLG. ☐ GAS STATION ☐ RESTAURANT ☐
 DUPLEX ☐ HOSPITAL ☐ SCHOOL ☐
 AIRPORT ☐ HOTEL ☐ THEATER ☐
 AMUSEMENT ☐ MANUFACT'G ☐ WAREHOUSE ☐
 APARTMENT ☐ OFFICE ☐ MOBILE HOME ☐
 CHURCH ☐ PUB. ADMIN. ☐ CONDOMINIUM ☐
 PRIV. GARAGE ☐ PUB. UTILITIES ☐ OTHER ☐
 PUB. GARAGE ☐ RETAIL ☐

16. CURRENT SITE CONDITIONS

A. OVERALL CONDITIONS YES ☐ NO ☐ **C. STRUCTURAL HAZARDS** YES ☐ NO ☐ **D. NON-STRUCT. HAZARDS** YES ☐ NO ☐ **E. GEOTECHNICAL HAZARDS** YES ☐ NO ☐

B. HABITABILITY YES ☐ NO ☐ **F. HAZARDOUS MATERIALS** YES ☐ NO ☐

17. RECOMMENDATIONS YES ☐ NO ☐ **18. % STRUCT. DAMAGE** 5 **19. ESTIMATED STRUCTURAL REPAIR COST** \$25000 **20. ESTIMATED GEOTECHNICAL REPAIR COST** 0 **21. NO. UNITS VACATED** 0

22. TYPE OF ORDER REQUIRED 91.8907 (BLUE) ☐ 91.8903 (GRAY) ☐ 91.8904 (ABATE) (GRAY) ☐ 91.8101-OTC (WHITE) ☐ **23. OVERALL RATING** LTD ENTRY **24. INSPECTOR'S NAME** Fish, Allen **25. INSPECTOR'S I.D.** 17767 **26. AGENCY** BAB **27. DATE** 5-4-94 **28. END TIME** 12:45

29. EXTENTS OF INSPECTION EXTERIOR ONLY ☐ INTERIOR ONLY ☐ BOTH (INT/EXT) ☐

LTD. ENTRY/UNSAFE RATING APPLIES TO: ENTIRE BUILDING ☐ AN AREA (Describe) 4TH FL 102

INSTRUCTIONS

ALWAYS USE A NO. 2 PENCIL ONLY

1. Refrain from making extraneous marks or smudging pencil marks in and around the mark bubbles.
4. Ensure all data is accurately written onto this form.
2. Print all hand-written information clearly and legibly within the space provided.
3. All numeric data should be marked from the furthest right position. For example, 34 DWLG. UNITS should be marked as follows

CORRECT>

11. TOTAL DWLG. UNITS	
34	
0	1
2	3
4	5
6	7
8	9
10	11
12	13
14	15
16	17
18	19
20	21
22	23
24	25
26	27
28	29
30	31
32	33
34	35

INCORRECT>

11. TOTAL DWLG. UNITS	
34	
0	1
2	3
4	5
6	7
8	9
10	11
12	13
14	15
16	17
18	19
20	21
22	23
24	25
26	27
28	29
30	31
32	33
34	35

5. Any existing information will be pre-printed on this form in the shaded heading area or along-side the mark bubbles. If it is determined that this information has changed or is incorrect, line out the pre-printed information and overwrite it with the correct information. You may only write in the shaded heading area provided. Mark the bubbles ONLY if you have changed the existing information or if you are supplying new information which was not previously indicated.
6. Verify all existing information in section 16. CURRENT SITE CONDITIONS. A "Y" (YES) will be pre-printed next to each set of mark bubbles. If the information is correct do not mark any bubbles. If the information is incorrect, mark the appropriate YES bubble. In the case when an existing "Y" condition proves to be incorrect, make a note of it in the COMMENTS section, but do not mark a bubble. NOTE: Provide a permit number, if possible, in the COMMENTS field if section 16D indicates that the building is UNDER REPAIR, REPAIR COMPLETE, or DEMOLISHED.

29. COMMENTS

PRINT CLEARLY AND LEGIBLY

► LIST PERMIT NO(S) (IF ANY) ►

1994 APR 30 AM 3:09

2ND INSPECTION 8-23-94

Y-B-G EQ-1-94

A. TYPE OF DISASTER:

- ☐ Fire ☒ Earthquake
☐ Flood ☐ Other

CITY OF LOS ANGELES OBS 9385
 DEPARTMENT OF BUILDING AND SAFETY

B. BUILDING USE:

- ☐ Residential
☒ Commercial

RAPID SCREENING INSPECTION FORM

C. INCLUSIVE ADDRESS:

6362 Hollywood Bl AKA 165 COUNCIL DISTRICT: 13

D. OWNER:

6362-666

PHONE NO.:

MANAGER:

PHONE NO.:

E. No of Stories: 4 No. of Living Units: 0 Basement: ☒ YES ☐ NO ☐ UNKNOWN

TYPE CONSTRUCTION: URM I II III IV V APPROX. SIZE 30 ft. x 150 ft.

PRIMARY OCCUPANCY: (Check one, only)

- | | | | | | | |
|--------------------------------------|---------------------------------------|---|--------------------------------------|---|---|---------------------------------------|
| <input type="checkbox"/> 01 DWELLING | <input type="checkbox"/> 04 AMUSEMENT | <input type="checkbox"/> 07 PVT. GARAGE | <input type="checkbox"/> 10 HOSPITAL | <input type="checkbox"/> 13 OFFICE | <input checked="" type="checkbox"/> 16 RET. STORE | <input type="checkbox"/> 21 THEATRE |
| <input type="checkbox"/> 02 DUPLEX | <input type="checkbox"/> 05 APARTMENT | <input type="checkbox"/> 08 PUB. GARAGE | <input type="checkbox"/> 11 HOTEL | <input type="checkbox"/> 14 PUB. ADMIN. | <input type="checkbox"/> 17 RESTAURANT | <input type="checkbox"/> 22 WAREHOUSE |
| <input type="checkbox"/> 03 AIRPORT | <input type="checkbox"/> 06 CHURCH | <input type="checkbox"/> 09 GAS STATION | <input type="checkbox"/> 12 MFG. | <input type="checkbox"/> 15 PUB. UTIL. | <input type="checkbox"/> 18 SCHOOL | <input type="checkbox"/> 35 CONDO |
| | | | | | | <input type="checkbox"/> 99 OTHER |

F. INSTRUCTIONS: Examine the building to determine if any hazardous conditions exist. A "YES" answer in Categories 1, 2, or 4 is grounds for posting building UNSAFE. If condition is suspected to be unsafe and more review is needed, check appropriate Unknown box(es) and post LIMITED ENTRY. A "YES" answer in Category 3 requires posting and/or barricading to indicate AREA UNSAFE. Explain "YES", "UNKNOWN" findings and extent of damage under "Comments."

EXISTING HAZARDOUS CONDITIONS

Condition	YES	NO	UNK	Condition	YES	NO	UNK
1. Structure Hazardous Overall	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Nonstructural Hazards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collapse/partial collapse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parapets/ornamentation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building or story leaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cladding/glazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling/light fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Interior Walls/partitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Hazardous Structural Elements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elevators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stairs/Exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof/Floors (vertical loads)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electric/Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Columns/pilasters/correls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diaphragms/horizontal bracing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walls/vertical bracing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Moments Frames	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Geotechnical Hazards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Precast connections	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Slope failure/debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ground Movement, fissures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: Cracks on exterior walls - Need structural Eval - issue 91.8101

G. Vacate Bldg.? ☐ YES ☒ NO Partially Vacate Bldg.? ☐ YES ☒ NO No. of Living Units Vacated: 0
 EST. DAMAGE: 10 % EST. DAMAGE: \$ 25,000 PERMIT REQUIRED? ☒ YES ☐ NO

H. OVERALL RATING:

Existing Recommended

INSPECTED (Green)

☐☒☒ Exterior Only☐ Exterior and interior

LIMITED ENTRY (yellow)

☐☐

UNSAFE (Red)

☐☐☐ Building☐ Area (See Section I-3)

I. RECOMMENDATIONS: (Circle Number / Fill in data)

1. No Further Action required.

☒ Detailed Evaluation required.☒ Structural ☐ Geotechnical

3. Barricades needed in the following areas:

4. Disconnect utilities:

☐ Electric ☐ Gas ☐ Water

J. INSPECTOR:

Name/I.D.: B. Neighbors 12275

Phone: 368-7612

K. INSPECTED:

Date: 8-23-94

Time: 11:10

(a.m./p.m.)

3RD REINSPECTION OBS 9385 EQ1-94

G-7 CITY OF LOS ANGELES ENTLED 10-30-94
DEPARTMENT OF BUILDING AND SAFETY CORRECTION

RAPID SCREENING INSPECTION FORM
 APN 5546 008 019 TAP

A. TYPE OF DISASTER:
☐ Fire ☒ Earthquake
☐ Flood ☐ Other

B. BUILDING USE:
☐ Residential
☒ Commercial

C. INCLUSIVE ADDRESS: 6362-66 Hollywood blvd Aka 1650 Cosmo st
COUNCIL DISTRICT: 13

D. OWNER: PHONE NO.:
MANAGER: PHONE NO.:

E. No of Stories: 4 **No. of Living Units:** 10 **Basement:** ☒ YES ☐ NO ☐ UNKNOWN

TYPE CONSTRUCTION: URM I II III IV V **APPROX. SIZE** 30 ft. X 150 ft.

PRIMARY OCCUPANCY: (Check one, only)

<input type="checkbox"/> 01 DWELLING	<input type="checkbox"/> 04 AMUSEMENT	<input type="checkbox"/> 07 PVT. GARAGE	<input type="checkbox"/> 10 HOSPITAL	<input type="checkbox"/> 13 OFFICE	<input checked="" type="checkbox"/> 16 RET. STORE	<input type="checkbox"/> 21 THEATRE
<input type="checkbox"/> 02 DUPLEX	<input type="checkbox"/> 05 APARTMENT	<input type="checkbox"/> 08 PUB. GARAGE	<input type="checkbox"/> 11 HOTEL	<input type="checkbox"/> 14 PUB. ADMIN.	<input type="checkbox"/> 17 RESTAURANT	<input type="checkbox"/> 22 WAREHOUSE
<input type="checkbox"/> 03 AIRPORT	<input type="checkbox"/> 06 CHURCH	<input type="checkbox"/> 09 GAS STATION	<input type="checkbox"/> 12 MFG.	<input type="checkbox"/> 15 PUB. UTIL.	<input type="checkbox"/> 18 SCHOOL	<input type="checkbox"/> 35 CONDO
						<input type="checkbox"/> 99 OTHER

F. INSTRUCTIONS: Examine the building to determine if any hazardous conditions exist. A "YES" answer in Categories 1, 2, or 3 is grounds for posting building UNSAFE. If condition is suspected to be unsafe and more review is needed, check appropriate Unknown box(es) and post LIMITED ENTRY. A "YES" answer in Category 3 requires posting and/or barricading to indicate AREA UNSAFE. Explain "YES", "UNKNOWN" findings and extent of damage under "Comments."

EXISTING HAZARDOUS CONDITIONS

Condition	YES	NO	UNK	Condition	YES	NO	UNK
1. Structure Hazardous Overall	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Nonstructural Hazards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collapse/partial collapse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parapets/ornamentation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building or story leaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cladding/glazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling/light fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Interior Walls/partitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Hazardous Structural Elements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elevators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foundations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stairs/Exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof/Floors (vertical loads)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electric/Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Columns/pilasters/corbels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diaphragms/horizontal bracing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walls/vertical bracing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Moments Frames	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Geotechnical Hazards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Precast connections	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Slope failure/debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ground Movement, fissures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: Reinspection for address as per K. Penner - previous G-4 dated 8-23-94 is correct address.

G. Vacate Bldg.? ☐ YES ☒ NO **Partially Vacate Bldg.?** ☐ YES ☒ NO **No. of Living Units Vacated:** 0
EST. DAMAGE: 10 **% EST. DAMAGE:** \$ 25,000 **PERMIT REQUIRED?** ☒ YES ☐ NO

H. OVERALL RATING: Existing Recommended
 INSPECTED (Green) ☐ ☒
☒ Exterior Only
 Exterior and Interior
 LIMITED ENTRY (yellow) ☐ ☐
 UNSAFE (Red) ☐ ☐
 Building
 Area (See Section I-3)

I. RECOMMENDATIONS: (Circle Number / Fill in data)
 1. No Further Action required.
 2. Detailed Evaluation required.
☒ Structural ☐ Geotechnical
 3. Barricades needed in the following areas:
 4. Disconnect utilities:
 Electric Gas Water

J. INSPECTOR: Name/I.D.: 3-Neighbors 12225
 Phone: 368-7612

K. INSPECTED: Date: 9/28/94
 Time: 11:00 a.m.p.m.

1. START TIME 12:50 THOMAS BROS. REF. CITY OF LOS ANGELES DEPARTMENT OF BUILDING AND SAFETY DISASTER I.D. EQ1-94 RECORD NUMBER 9385

2. SITE ADDRESS 6362 HOLLYWOOD BL 4. CORRECTED ADDRESS AKA 1650 COSMO ST

3. ADDRESS CORRECTION REQUIRED

6. OWNER DOING BUSINESS AS BLUM, JOSEPH A AND

7. INITIAL INSPECTION COMMENTS NO COMMENTS (05/04/94). CRACKS ON EXTERIOR WALLS, NEED STRUCT EVALUATION. ISSUE .8101 (8/23/94). REINSPECTION FOR ADDRESS AS PER KAREN PENERA - PREVIOUS G4 DATED 8/23/94 IS CORRECT ADDRESS (9/28/94).

8. TYPE OF CONSTR. URM 11. TOTAL DWLG. UNITS 0 12. BUILDING USE COM'L 14. COUNCIL DISTRICT 13

9. NO. OF STORIES 4 10. OVERALL BUILDING DIMENSIONS 30 X 150 13. BASEMENT YES

15. PRIMARY OCCUPANCY (Select one only) (16) RETAIL SINGLE FAM. DWLG. GAS STATION RESTAURANT

16. CURRENT SITE CONDITIONS A. OVERALL CONDITIONS B. HABITABILITY C. STRUCTURAL HAZARDS D. NON-STRUCT. HAZARDS E. GEOTECHNICAL HAZARDS F. HAZARDOUS MATERIALS

17. RECOMMENDATIONS 18. % STRUCT. DAMAGE 10 19. ESTIMATED STRUCTURAL REPAIR COST 45,000 20. ESTIMATED GEOTECHNICAL REPAIR COST 1,930 21. NO. UNITS VACATED 0

22. TYPE OF ORDER REQUIRED 24. INSPECTOR'S NAME MARTINEZ, JERRY 25. INSPECTOR'S I.D. 85250 26. AGENCY B/S 27. DATE 2/20/95 28. END TIME 13:05

23. OVERALL RATING INSPECTED

INSTRUCTIONS

ALWAYS USE A NO. 2 PENCIL ONLY

1. Refrain from making extraneous marks or smudging pencil marks in and around the mark bubbles.
4. Ensure all data is accurately written onto this form.
2. Print all hand-written information clearly and legibly within the space provided.
3. All numeric data should be marked from the furthest right position. For example, 34 DWLG. UNITS should be marked as follows

CORRECT>

11. TOTAL DWLG. UNITS			
34			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INCORRECT>

11. TOTAL DWLG. UNITS			
34			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Any existing information will be pre-printed on this form in the shaded heading area or along-side the mark bubbles. If it is determined that this information has changed or is incorrect, line out the pre-printed information and overwrite it with the correct information. You may only write in the shaded heading area provided. Mark the bubbles ONLY if you have changed the existing information or if you are supplying new information which was not previously indicated.
6. Verify all existing information in section 16. CURRENT SITE CONDITIONS. A "Y" (YES) will be pre-printed next to each set of mark bubbles. If the information is correct do not mark any bubbles. If the information is incorrect, mark the appropriate YES bubble. In the case when an existing "Y" condition proves to be incorrect, make a note of it in the COMMENTS section, but do not mark a bubble. NOTE: Provide a permit number, if possible, in the COMMENTS field if section 16D indicates that the building is UNDER REPAIR, REPAIR COMPLETE, or DEMOLISHED.

29. COMMENTS

PRINT CLEARLY AND LEGIBLY

▶ LIST PERMIT NO(S) (IF ANY) ▶

91.8/01 OTC ISSUED 11/18/94

NOV. 6.1996 4:37PM CPD DIVISION 213 251 7411

NO.457 P.1/2



U.S. Department of Housing and Urban Development
Los Angeles Office, Pacific/Hawaii Area
1816 West Olympic Boulevard
Los Angeles, California 90015-3801

Date: 11/6/96

FAX (213) 251-7411

TRANSMITTAL COVER SHEET

RECIPIENT LOCATION:

ORIGINATOR LOCATION:

LA City Bldg + Safety

L A F

RECIPIENT NAME:

ORIGINATOR NAME:

Karen Pernera

Jana Bickel

OFFICE CODE:

OFFICE CODE:

TELEPHONE OR ROOM NUMBER:

TELEPHONE OR ROOM NUMBER:

213-251-7239

SUBJECT/REMARKS (OPTIONAL):

PLEASE TELL me whether the buildings listed were
DAMAGED AS A Result of the Northridge Earthquake
I provide the status - red tag, yellow tag, green and
date of last inspection if you have it.

TOTAL NUMBER OF PAGES

2

THANKS!
(Including this cover sheet)

FORMS, PAMPLETS, PUBLICATIONS
HANDBOOKS, NOTICES AND MORTGAGEE LETTERS
MAIL ORDER REQUESTS:

U.S. Dept. of Housing & Urban Development
Attention: Printing Branch, Room B-100
451 7th Street, S.W.
Washington, DC 20410

FAX: (202) 708-2313, or call: (800) 767-7468

All HUD Publications Can Be Requested Via Internet!

<http://www.hud.gov/>

CITY OF LOS ANGELES CALIFORNIA

EQ1-94

DEPARTMENT OF
BUILDING AND SAFETY
105, CITY HALL
LOS ANGELES, CA 90012-4869

WARREN V. O'BRIEN
GENERAL MANAGER

ARTHUR J. JOHNSON, JR.
EXECUTIVE OFFICER



RICHARD J. RIORDAN
MAYOR

SURVEYED: 09/28/94

MAILED: 11/18/94

BLUM, JOSEPH A AND
6362 HOLLYWOOD BLVD NO402
HOLLYWOOD CA 90028

(PARA OBTENER TRADUCCION)
(EN ESPANOL DE ESTA ORDEN, FAVOR)
(DE LLAMAR AL (213) 485-7091)
(ENTRE LAS 7:30 A.M. A 4:30 P.M.)

Entered & verified by MAon (date) 11/17/94AIN: 1554610081019

CD: 13

ORDER TO COMPLY - LOCAL EMERGENCY

STREET ADDRESS: 6362 HOLLYWOOD BL

(Retail)

The conditions listed below for the street address shown are violations of the Los Angeles Municipal Code (L.A.M.C.). You are therefore ordered to secure all required permits within 30 days from the date this order was mailed. You are further ordered to obtain all required inspection approvals and complete the work to eliminate these conditions by the compliance date, which is 45 days from the date this order was mailed. Section 91.8101 L.A.M.C. Applications for permits which may be necessary to comply with this order may be obtained from any of the Building and Safety offices listed on the attached information sheet.

If you do not comply with this order within the time period noted above, you may be issued an order declaring the property to constitute a hazardous and/or substandard condition as defined in Section 91.8902 of the L.A.M.C., and a notice so stating will, at that time, be filed with the County Recorder.

- | | | |
|--|---|--|
| <p>1. STRUCTURAL HAZARDS</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> STRUCTURAL EVALUATION REQUIRED <input type="checkbox"/> COLLAPSE/PARTIAL COLLAPSE <input type="checkbox"/> BUILDING OR STORY LEANING <input type="checkbox"/> FOUNDATIONS <input type="checkbox"/> ROOF/FLOORS (VERTICAL LOADS) <input checked="" type="checkbox"/> COLUMNS/PILASTERS/CORBELS <input type="checkbox"/> DIAPHRAGMS/HORIZONTAL BRACING <input checked="" type="checkbox"/> WALLS/VERTICAL BRACING <input type="checkbox"/> MOMENTS FRAMES <input type="checkbox"/> PRECAST CONNECTIONS <input type="checkbox"/> OTHER _____ | <p>2. NONSTRUCTURAL HAZARDS</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> PARAPETS/ORNAMENTATION <input type="checkbox"/> CLADDING/GLAZING <input type="checkbox"/> CEILING/LIGHT FIXTURES <input type="checkbox"/> INTERIOR WALL/PARTITIONS <input type="checkbox"/> ELEVATORS <input type="checkbox"/> STAIRS/EXITS <input type="checkbox"/> CHIMNEY <input type="checkbox"/> MASONRY "GARDEN" WALLS <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> GAS PIPING <input type="checkbox"/> WATER/WASTE PLUMBING <input type="checkbox"/> HEATING/AIR CONDITIONING <input type="checkbox"/> OTHER _____ | <p>3. GEOTECHNICAL HAZARDS</p> <ul style="list-style-type: none"> <input type="checkbox"/> GROUND MOVEMENT, FISSURES <input type="checkbox"/> SLOPE FAILURE <input type="checkbox"/> CLASS OF SLIDE (1,2,3) <input type="checkbox"/> RETAINING WALL FAILURE <input type="checkbox"/> DEBRIS/MUD FLOW <input type="checkbox"/> WATER DAMAGE <input type="checkbox"/> OTHER _____ |
| <p>4. HAZARDOUS MATERIALS</p> <ul style="list-style-type: none"> <input type="checkbox"/> PAINT <input type="checkbox"/> ASBESTOS <input type="checkbox"/> EXPLOSIVES <input type="checkbox"/> GAS CYLINDER <input type="checkbox"/> CHEMICALS <input type="checkbox"/> OTHER _____ | | |

5. OTHER: _____

☐ NO PERMIT REQUIRED☒ PERMIT REQUIRED☒ PLANS REQUIRED TO REPAIR

You are entitled to know that there is an appeal procedure established in the City whereby the Board of Building and Safety Commissioners has the authority to hear appeals from the requirements contained in this order.

NEIGHBORS, BRAD

INSPECTOR'S NAME (PRINT)

INSPECTOR'S SIGNATURE Brad NeighborsINSPECTOR'S PHONE NO. 368-7612INSP. ID # 12225

(EQLE.MGD) REC #

(EQLE.MGD)

R.4/22/94

AN EQUAL EMPLOYMENT OPPORTUNITY - AFFIRMATIVE ACTION EMPLOYER

Recycle and made from recycled waste

